

Presenters: Acting Navy Secretary Thomas B. Modly; Navy Adm. Michael Gilday, Chief of Naval Operations; Master Chief Petty Officer of the Navy Russell Smith; Rear Admiral Bruce Gillingham, Navy Surgeon General

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Acting Navy Secretary Thomas B. Modly, Navy Admiral Michael Gilday, Chief of Naval Operations, Master Chief Petty Officer of the Navy Russell Smith and Rear Admiral Bruce Gillingham, Hold a News Conference at the Pentagon

STAFF: All right, good afternoon, everyone. We'll start with some opening remarks from Secretary Modly and then we'll just go to Q&A right after that. Mr. Secretary?

SECRETARY THOMAS MODLY: OK, thank you all for being here today. The work that you do to provide clear and accurate information to the American people and to the world is really, really important -- it's extremely important in times like this. So we appreciate all that you do and appreciate the opportunity to talk to you here in person but also to those that are dialing in.

It's good to be here today with the Chief of Naval Operations Admiral Gilday, the Navy Surgeon General Rear Admiral Gillingham, and the Master Chief Petty Officer of the Navy Smith.

I want to start off by announcing that three cases of COVID-19 have been identified among personnel currently deployed and underway on the USS Theodore Roosevelt. These are our -- our first three cases of COVID-19 on a ship that's -- that is deployed.

Those individuals have been quarantined and are being flown off the ship today. In fact, they may actually already be off the ship today. We've identified all those folks that they've had contact with and we're quarantining them as well.

This is an example of our ability to keep our ships deployed at sea, underway even with active COVID-19 cases. Our integrated naval force remains on watch around the world throughout this crisis and they're continuing to execute their primary mission under the National Defense Strategy.

Our ships are sailing, our planes are flying and training is still happening to safeguard our U.S. national interests and those of all of our allies and partners around the world. Your Department of the Navy is actively combating COVID-19 pandemic with the agility and professionalism the American people expect from our Sailors and Marines and our civilians.

The USNS Mercy deployed 1,128 military and civilians to Los Angeles in support of the nation's COVID-19 response efforts, providing a spectrum of medical care to include critical and urgent care for adults. The ship is currently off the coast of California doing some initial training and ballasting and should be there in the next couple of days.

USNS Comfort is preparing to do the same thing for the city of New York. These ships will operate under the operational control of the commander of U.S. Naval Forces Northern Command. We will coordinate closely with state, local, and public health authorities to ensure the wellbeing of our personnel and the local population.

The Mercy and the Comfort, importantly, will -- will serve as referral hospitals for patients not infected with COVID-19. They're there to handle the overflow or -- of acute trauma cases and other urgent needs and they will not be handling pediatric cases or OB-GYN cases. This will allow our shore-based civilian hospitals to focus their medical care and resources on the treatment of COVID-19 patients.

The white hulls and red crosses of these hospital ships have long become a welcome site around the world, standing at the forefront of our humanitarian mission as the United States Navy and Marine Corps team. They represent all that is good about the American people that they represent. And now, they will serve our own people in this time of need, providing critical surge hospital capacity to America's two largest cities.

This is a perfect example of how the preparation and readiness of the Navy and Marine Corps enables us to respond to the needs of the American people wherever and wherever -- whenever they're needed.

The Navy and Marine Corps have done many other things in support of the Joint Force and whole-of-government response to COVID-19, from hosting quarantines at Miramar several months ago to enabling critical logistics to lending the expertise of our medical professionals.

I've often said that the most predictable thing that we can say about our future is that it will be unpredictable. The frontlines are constantly being redrawn and we are realizing today that unpredictability is with us. And that's why we need to be ready at all times to adjust and adapt to any emerging threat, even one too small to be seen by the human eye.

As I wrote to the force on Friday, we must always be ready not just as an organization but as individuals to exhibit the personal qualities of speed, transparency, adaptability, collaboration, humility, trust and a healthy dose of skepticism as we address these challenges.

And I can say that our people exhibited every one of these qualities in getting the Mercy and the Comfort prepared for this mission, as well as the many other ways our force is supporting the whole-of-government response to this pandemic.

To contain the spread of this disease within our own ranks, we've asked a lot of our personnel and their families and they have delivered for us. I'm grateful to the military families who have faced additional burdens through travel restrictions and other challenges.

I am keenly aware that, for these families, social distance is not a new concept but a daily reality when a loved one is deployed. The new realities we face have only added to that burden, but they are necessary right now.

Along with the rest of the Department of Defense we've established travel restrictions through May 11th for service members and families traveling to and from or through level-3 locations, as designated by the Centers for Disease Control.

We've also restricted official domestic travel for service members, civilians and their families in order to limit the spread of COVID-19. I will continue to share health guidance throughout our force to ensure our people are informed of best practices for staying healthy and secure. Our families are at the top of my mind daily and we are committed to doing everything we can for their well being while minimizing the disruption to their daily lives as much as possible.

I am confident that the agility of the Navy and Marine Corps team will help to save lives and protect this nation as it always has and always will.

So, thank you, once again for what you do and I look forward to your questions. But first I'd like to turn it over to the CNO.

ADMIRAL MICHAEL GILDAY: Sir, we're ready to go with questions.

STAFF: All right, we'll start with Lita on the phone. Lita?

Q: Hi, thank you. A couple of updates, please. Can you hear me?

STAFF: Yes, we're good.

Q: So a couple updates. Can you tell us when the Mercy will be able to start accepting patients? And give us a better timeline for the Comfort of when do you expect it will arrive in New York?

And then on your COVID cases, can you give us a total -- the Navy has actually been pretty good about putting out an updated tick-tock of many of each case that comes up. Can you give us a total of how many cases you have? And whether to not you're closing recruiting stations? Thank you.

SEC. MODLY: OK, let me address just the high level questions about the number of cases because I do have the data right in from of me here. With respect to the Navy we have 86 active COVID-19 cases, 57 of those are Navy military, 13 are Navy civilian, 11 are Navy dependents and 5 contractors. That's where we stand currently with our current data.

With respect to the Mercy, it's our expectation that she'll be arriving within the next few days. She'll need about 24 hours to prepare the process for how she'll bring patients onboard and then shortly there after she'll start receiving patients.

STAFF: Barbara, I'll go to you next.

Q: I have some operational questions, if I might, for Admiral Gilday. The carrier, so do you have a sense now of, I don't know the last time it was in port, so do you have a sense of how these personnel that are being flown off may have interacted with someone who was positive? It seems like they would have had to perhaps been ashore quite recently. How many people aboard the carrier now are in some kind of potential isolation? What does this tell you about how to deal with a cluster on a ship or submarine at sea?

And I don't know if for you or the Surgeon General, do you have any calculation on what the Navy's rate of infection is, because you do have a fair number of cases now, and certainly a cluster aboard a ship at sea must be causing some broader analysis, if not concern, about the way ahead?

ADM. GILDAY: So, broadly, Barbara, about a third of the Navy is at sea right now. So of our almost 300 ships we have just shy of 100 that are actually at sea. And most of those are deployed forward. In the case of the carrier she was last in port 15 days ago, but I think it would be difficult to tie down these active cases to that particular port visit.

So we've had aircraft flying to and from the ship and so we just don't want to say it was that particular port visit; although we took great precautions when the crew came back from that shore period to do enhanced medical screening of the crew.

In this particular case, as the Secretary mentioned, we are moving very quickly to isolate those cases. And in those cases, those Sailors are running a temperature and they have some body aches, but we wouldn't necessarily characterize them as requiring hospitalization.

And so, they're in pretty good...

Q: (Inaudible) positive?

ADM. GILDAY: But they're positive, right, those three cases, and so we are rapidly removing them from the ship. And we are understanding who they came in contact with over the recent days and weeks so that we begin to take a look inside the ship; how we can isolate and contain as best we can.

We have testing capability on the ship, we have one capability that actually allows us to take a look at non-COVID but influenza related illnesses, right, to rule influenza in or out. And then we have COVID testing to allow us to more accurately determine if Sailors are infected.

We're taking this day by day and we're being very deliberate in terms of how we do it. I think the Secretary of Defense, his first two priorities; one is taking care of people and the second is maintaining mission readiness and both of those go hand in glove with respect to the COVID environment we're working in right now.

Q: Do you have -- can you put people -- I guess I'm curious what the protocol -- this is a case now for protocol of what to do with a ship at sea. Do you start, do you have anyone in isolation, can you even put them in -- if you get large numbers, can you put them in isolation and

in the operational mind of the Navy, when do you bring a ship back and say they can't keep deploying?

ADM. GILDAY: I think again, these decisions have to be made on a case by case basis, based on the mission environment that we're operating in and as well as the medical condition of those particular people.

We're doing the best we can, the commander of the ship right now is doing the best he can to isolate those known persons that came in contact with those three people.

We're helping improve that as best we can, we are not in a position right now to say that we have to pull that ship in or to take that ship off the front line; and so again, this will be a day-by-day evaluation.

STAFF: Jennifer, over here.

Q: Thanks. Just to follow up on Lita's question first, has recruiting been halted, or stopped or affected in any way?

ADM. GILDAY: We have not stopped recruiting, but I can ask the MCPON.

MASTER CHIEF PETTY OFFICER OF THE NAVY SMITH: All right, thank you. So a few years ago, because of -- to be fiscally responsible we came up with a new way to do recruiting. And a lot of that required us reduce numbers of recruiters in field and we moved to things like the virtual recruiting tool and other means find and solicit interest online.

And so we're -- we can't close the deal with somebody without meeting them face to face, but we're continuing to do that in our recruiting stations and we're continuing to talk to folks and try and get them interested in coming to join us.

Q: OK and Admiral Gilday, back to the situation with the Theodore Roosevelt; so 15 days ago it was in port in Vietnam. How many Sailors left and went on a port call visit and was that really safe given what has been happening in Asia?

I've been asking for several briefings why port calls were continuing given the COVID virus.

And then if you can explain how you figured out that these three Sailors were sick, was it because you did broad testing, was it simply a fever? And once they have a fever, isn't it too late, you've already encountered a number of people?

ADM. GILDAY: So with respect to the port visit in Vietnam, so at that particular time when the decision was made in late February, early March, the pull the ship into Da Nang, which is on the central coast, at that time there were only 16 positive cases in Vietnam, and those were well to the north all isolated in Hanoi. And so, this was a very risk-informed decision by actually

the INDOPACOM Commander, Admiral Davidson, on whether or not we proceed with that port visit.

After the port visit, we conducted a 14-day isolation period. We just hit day 15. And so, in terms of testing, we are only testing as the CDC recommends when we see symptoms. And again, as I explained to Ms. Starr, we're able to isolate those as either influence-related or COVID-related based on the testing capabilities that we have.

Q: And you have enough testing onboard for all the Sailors?

ADM. GILDAY: I can't speak to the direct number of kits that we have except that we are increasing that capacity for all of our forward-deployed big deck ships.

Q: Would it make sense to test all of them now that you have cases on the Roosevelt so that you can then figure - I mean, if you have that capability, shouldn't you use it?

ADM. GILDAY: Let me turn that over to the Surgeon General who I think will give you a more detailed answer.

REAR ADM. GILLINGHAM: Yes. Thank you, CNO. Yes, so in terms of testing we are continuing to follow the CDC guidance which is known contact to an individual or having travelled from a known country with the disease. We do surveillance testing, which is - which is cross-sectional testing and we're able to do that. That gives us an idea. Think of it as a canary in a coal mine. And so, we do that and we use - we use very exam and questionnaire-informed use of actual diagnostic testing.

STAFF: Tom Bowman

Q: Yes. To the admiral again. These three Sailors who were infected, where have they been flown to first of all? And secondly, how many sailor roughly have they been in contact with that are not quarantined and the total number of Sailors on the ship? And also, are they keeping six feet apart or is it like the Secretary said, there are some places you can't be six feet apart like in a tank or a bomber or a submarine?

ADM. GILDAY: I think to your last point, sir, I think we're doing the best we can to maintain social distancing. In an operational environment, sometimes it's very difficult, but people are very mindful of the environment that we're operating in right now with COVID, and they're trying to take those precautions as best we can.

In terms of actual numbers on the ship, it's above 5,000 people on the ship. I'm not sure at this time what those numbers are with respect to isolation that have been identified.

Q: Ballpark numbers, is it a dozen, three dozen?

ADM. GILDAY: I don't have that number, and I'm not going to tell you where we're flying them off to except to say it is a DOD hospital. I would say that...

Q: In the Pacific region?

ADM. GILDAY: Obviously it's in the Pacific region. I would ask you to respect operational security. And so, in general the policy of the department has not been to disclose specific operational or readiness details of units. And so, we don't necessarily want to make it easy for somebody that wishes us ill to know what our exact readiness capabilities are.

And so, in the case of the Roosevelt, the story's out there and we're being transparent with answering the questions, but in general what the Navy has done I think pretty well is we have - we have let people know where geographically where we have cases that are positive and how many and what those numbers look like.

STAFF: All right. We will head to the phones with Courtney Kube.

Q: Hi. Thank you. Just a couple of quick follow-ons. I'm sorry. I missed the number that you said for how many are on the TR right now. Forgive me if my phone pitched for a sec. And can somebody - can you explain a little bit more about what you mean by increasing the capacity for testing on ships, particularly big decks? Does that mean that you're getting the swab kits and the liquid or do you actually have the capability to conduct the tests on the ships? And I'm curious about that because I'm sure you guys know that's one of sort of the big stories of coronavirus has been that there's a dramatic need and lack of testing - of tests. So how is the Navy able to get those?

REAR ADM. GILLINGHAM: Well, thank you. So to clarify, they have the kits to do the swab and then those are sent to one of our DOD facilities for the actual processing of the test. We are working with industry to get a point of care testing capability, and we're looking forward to being able to bring that on as our, of course, our civilian hospitals as well.

Q: How long does that take to send to the DOD facility and get the results?

REAR ADM. GILLINGHAM: Generally it's as how long as you can - for the transportation and then it's about four to six hours of actual processing. As you know, it's - this is preliminary. It's chain reaction testing, so it's three major steps that have to take place to arrive at a result.

STAFF: Alright, Idrees, we will go to you next.

Q: Sure. Thanks. Just a quick follow up, first thing I just want to make sure the TR is in the Pacific, right? And another question that I have is has there been any talk or consideration about any ships other than the Mercy and Comfort in the Navy helping in the coronavirus efforts?

ADM. GILDAY: So the Roosevelt is in the Pacific. On the second question, so if we can just talk broadly about numbers of medical personnel in the Navy that we're deploying here in the next - in the next week to two weeks, so the total number will be about 2,200 between both

of those ships. And then we have another approximately 1,000 that are on standby to respond at the Secretary of Defense's direction, and you see those similar numbers across all the services.

In terms of perspective when you talk about numbers that large and groups that large, it rivals what we deployed during Desert Storm. Now, separately on the reserve side with respect to the Navy, we've gone out to all of our medical reservists and we've queried them on whether or not they are currently involved in some type of COVID-related care. And so, about a third of them are. The remainder, which is about 2,500 or not, so that's another resource, and nearly all of those are volunteers by the way. And so, that's another resource that we can tap into, again, if directed by the Secretary of Defense

And the Secretary of the Navy's been very clear to us that we'll make every resource available within a department so that the Secretary of Defense can make informed decisions about where and when to use our resources.

STAFF: Megan Eckstein

Q: Yes, thank you. I had two readiness-related questions for you. First I understand that the Navy had to cancel the Large Scale Exercise 2020 on account of the COVID-19 response, so I wonder if you could just talk a little bit about kind of what you lose by not being able to rehearse those high-end operations, test out unmanned systems, and other things you plan to do?

And then also on readiness, obviously you rely heavily on the aircraft depots and shipmate maintenance yards. That involves people being in close contact, and I wondered how you're balancing the workforce health as well as, you know, the need to maintain ready airplanes and ships during this time?

SEC. MODLY: I'll take the industrial-based question because it is a big concern of ours as well. We rely particularly on our shipyards and our depots, both the ones that we - are part of the Navy infrastructure, but also part of the industrial base -- the commercial industrial base. We need them to continue to operate because once -- you can't lose those skills, we have to keep them maintained.

So we've been very clear and very consistent in talking to our commercial partners, particularly the Assistant Secretary of the Navy Geurts for -- he talks to the shipyard CEOs on a daily basis to make sure that they're understanding what our objectives are.

We've been very clear with them we want -- we are also concerned about the health of their people. We don't want them putting them at risk, either, but we just need to be aware of what they're doing in that regard so that we can adjust our expectations about what they can deliver and when they can deliver.

With respect to the training, I think the CNO's probably the best to answer that question.

ADM. GILDAY: Sir, if I could just add in the industrial base, just for a second, I think this goes back to Ms. Starr's question about readiness. And to amplify what the Secretary already said, industry is a real asset for us, right, and we can't do what we do without them.

And so, you know, the corporate CEOs who have taken calls from the Secretary and Secretary Geurts within the Navy in terms of their ability to maintain both a repair capability as well as a production capability has been vitally important for us. And this goes not only to the CEOs but right down to the deck plates, those welders and shipfitters and the wonderful work that they're doing in really trying conditions.

And then separately, what you're seeing from all of the large (INAUDIBLE) is they're creating their own, for lack of a better term, task force to take a look at what the supply chain looks like to keep all of those production lines running and to see where we might be incurring risk out through, let's say, 2021 so that we can then prioritize and the Secretary can then prioritize what type of work that we need to do.

In terms of LSE 2020, that exercise will be postponed. There are other things that we will do and continue to do now. And so we just did dual carrier operations in the Central Command AOR within the last week. We did a very large exercise with the Air Force over the Philippine Sea. We're doing stuff in the Mediterranean, as well, with our destroyers.

So we will continue -- wherever possible, continue to train in numbers as we can.

STAFF: David Larter from Defense News?

Q: Yes, thank you -- thank you for -- thank you for taking the time out, thanks for the opportunity. Real quick, I -- I -- I've been talking to some Sailors and we're seeing some input over the last few days, and it seems like the response varies a lot by command.

So commands are -- are taking it very seriously, others are, you know, downplaying it and others just seem to be implementing strong measures to maintain social distancing, others have raised questions specifically around training commands -- for example, Sailors coming from Great Lakes in groups of 240 to break down into the classrooms of, you know, 25, 30 people all sitting close together.

Those sorts of things have continued and it's hard to kind of piece together a coherent sort of response from the Navy as to how you're directing, you know, the individual commands because it all seems very dependent on individual COs, if you're -- if you're catching my drift.

And ultimately, I'm wondering how you are defining mission essential and how -- what operations are you willing to scale back to try and prevent the spread and which operations absolutely must go forward?

SEC. MODLY: Well, at a high level, David, I think the Secretary of Defense stated this pretty well yesterday. We have to leave a lot of these decisions to the operational commanders

to understand what their missions are and how critical they are. It's almost impossible to try and micromanage those types of decisions.

However, I don't think that anybody is not taking this seriously. I think the level of attention that we're giving it from the secretariat level, from the CNO and the Commandant, as well as the Secretary of Defense, everyone's taking this pretty seriously.

So we are hearing about some anomalies and we're trying to address those but generally speaking, we are leaving those decisions to the commander. And -- and I don't know, CNO, if you want to go anything specific.

(CROSSTALK)

ADM. GILDAY: I think that's well stated, sir. And so we've given -- we really do trust the judgment of our commanders and so we're giving them broad authorities to do what they think they need to do to remain on mission and take care of people.

If there are any -- so Mr. Larter, if you are getting those types of notes from people, I would encourage them to bring those comments up to their chain of command, beginning with their Navy chiefs. And I'm certain that they'll be resolved because, as the Secretary said, as the Navy we're taking this very seriously.

STAFF: Paul McLeary from Breaking Defense?

Q: (DAVID LARTER): None of these commanders are epidemiologists or, you know, viral experts. I'm guessing -- I'm wondering how you're trusting people that are, you know, obviously warfighters to make medical decisions about social distancing and operations and things like that?

ADM. GILDAY: So let me turn it over to the Surgeon General who can talk down to the unit level on how we promulgated guidance for our medical personnel.

REAR ADM. GILLINGHAM: Thank you, CNO. Yes, so we have a terrific resource, the Navy Marine Corps Public Health Center. And so actually starting several weeks ago, they have developed guidance which has been shared broadly through the Navy.

And so that is concepts of social distancing, the specific measures to be taken based on the health protection condition. And so that has been shared widely, that has been reinforced by the fleet commanders and the installation commanders.

We have revised that. We recognized early on that there was feedback on perhaps initial confusion and so we have continued to clarify and revise that and those -- that guidance goes out through a naval administrative message.

STAFF: Alright. Paul McLeary on the phone?

Q: Hi, good afternoon. I know that in the Pacific, the Roosevelt's under a two-week kind of self-quarantine after leaving Da Nang. Are you considering mandating all ships to quarantine after leaving ports and are you considering canceling port visits at all?

ADM. GILDAY: So we've canceled, I think, every port visit with the exception of ships that need to pull in for maintenance or resupply. And so those are fairly limited.

In terms of the 14 day period -- so not only for the carrier that left Da Nang but for any port visit, there's a 14 day restricted movement in place for those -- for those crews. And actually for crews that are getting underway for training or deploying, and specifically our seaborne leg of the nuclear triad, those provisions are in place.

And so in terms of the submarine force, we've not seen a single case yet.

STAFF: Mike?

Q: Yeah, hi, I'm Mike Glenn with the Washington Times. This is a question for the Surgeon General. Doctor, I know -- I guess if you have to have an outbreak of positive case, having it on -- on a ship, having it on a big deck carrier is about probably the best scenario you could imagine because it has a lot of space, a lot of physicians.

I was thinking about smaller ships, destroyers with -- might have, like, an Independent Duty Corpsmen on there. Are -- is the -- is this -- is your bureau sort of -- sort of the war -- you know, war-gaming out that scenario on how to deal with it when there's not the resources available, you know, on a frigate as opposed to, say, the T.R. and other carriers?

REAR ADM. GILLINGHAM: Certainly, you know -- and as MCPON would be the first to say and I would be the quickest to endorse, our Independent Duty Corpsmen are a tremendous resource, they're extremely well trained.

REAR ADM. GILLINGHAM: Yeah, and we provide our Naval Expeditionary Preventive Medicine units, so we have actually deployed several of those units. So they are out and providing local guidance to those ships. So those -- those corpsmen aboard the smaller vessels have a tremendous amount of references available. We also stood up a 24/7 Crisis Action Team at the Bureau of Medicine and Surgery that's available by Internet.

So that information is out there. If a corpsman has a question as to how to handle a specific situation aboard ship they have multiple sources of information to resolve those concerns.

I'd also say that force health protection is something that we practice all the time, and so this is just enhancement of our daily routines. And so this is something that's very well-known to the smaller vessels, just as it is on our large decks.

STAFF: All right, Tony Capaccio, we'll go to you on the phone.

Q: Yeah, a couple questions on deterrence patrols. Have any deterrence patrols been delayed or curtailed because of corona fears? And are boats out of Kitsap, Bangor, are they not going out on patrols because of the proximity, obviously, to Seattle?

ADM. GILDAY: We've not missed any operational commitments in the Navy at this time. The impacts to readiness force-wide have been low, but that's not to say that this couldn't spike at any given time. And so again, to the Secretary's points and the Surgeon General's points, we continue to watch this very closely at every ship, squadron and submarine.

Q: One follow-up, quick -- are you doing any preemptive testing of deterrence patrol crews before they go out on deterrence patrols?

ADM. GILDAY: Yes, they are, including the 14-day ROM period. So we are doing enhanced screening for all those personnel on those units.

Q: Thanks.

STAFF: Alright, Mallory Shelbourne we will go to you on the phone.

Q: Thanks so much, Secretary and Admiral, for doing this. I have a question. Since the large-scale exercise has been postponed, has there been any decision or discussion about what to do with RIMPAC? And if no decision's been made, when do you expect that you'd need to make a decision on that if this continues into the weeks that we're expecting?

SEC. MODLY: Well, to date, no decision's been made on that. We're still considering that, and we -- we're all watching this thing very closely to see what direction it will head.

STAFF: Tom?

Q: Yeah, I just want to clarify something with the admiral. As far as port visits, they've all been canceled across the board except for maintenance and resupply?

ADM. GILDAY: I'd have to double-check. I am almost certain that the only time we're pulling in right now, at least I can say with high certainty, in the Pacific, is just for maintenance or resupply.

Q: And then when that happens, who gets off to -- how many get off the ship or something like that?

ADM. GILDAY: So in those cases, when you pull in, so you're really limited to the pier, period.

Q: OK.

ADM. GILDAY: I mean, there may be cases where somebody has to, you know, go get a part or something like that, or pick up something in the mail, but it's -- those cases are very rare, and so there's no further than the pier.

Q: Good. And Mr. Secretary, as we all know, the Army Corps of Engineers is helping out in New York City and, I think, some of the other cities with renovating, you know, the Javits Center and some of these other places. Are you guys going to get involved, maybe the Seabees or construction battalions in helping out in any way with some of the cities?

SEC. MODLY: Yes, I put out sort of mandate to the Navy, Department of the Navy last week that we need to figure out ways that we can get engaged in every possible dimension to help the -- the nation with this. So Seabees have a certain set of skills that we think could be useful, so we're looking at that. We're looking at a variety of different ways that not only our -- our medical personnel, but our -- our regular personnel can help in this -- in this -- in this crisis, so we're looking at everything.

STAFF: We'll go to Lara on the phone from Politico.

Q: Hi, thanks. Thanks for doing this. I'm just wondering if you could go back to the Roosevelt for a second. Could you repeat, sir, how concerned are you that there's going to become a new cluster of the virus? And why did you -- can you just tell us your rationale for not -- not pulling into port and taking more action? And do you have equipment on the ship to take care of any Sailors that may be infected that -- that don't show up with symptoms yet like masks, ventilators, that kind of thing?

REAR ADM. GILLINGHAM: Yes, ma'am. Thank you for that question. The aircraft carrier is extremely well -- extremely capable of -- of responding to the medical needs of the patients. Certainly, there is the alternative or the option, if the patient becomes too ill for the capacity of the -- of the aircraft carrier to -- to medevac that -- those patients. In this case, the decision was made early to move them to a DOD hospital where they could be closely watched.

STAFF: Alright, Sylvie from AFP.

Q: Hello. I noticed that you said that there is no -- not one case right now in the submarines. But in case if it happened, if you had a positive -- someone tested positive on board of a submarine, what would you do? Would you have the submarine surface and the person evacuate?

ADM. GILDAY: I think we'd take each of those cases individually, and we would make a decision to do what's right in terms of maintaining the safety -- sustaining the safety of our people, because without healthy people on a ship, we can't do the mission. And so those -- that would drive a decision to pull in port to transfer personnel.

STAFF: Alright, Mike Fabey on the line.

Q: Say again?

STAFF: Mike Fabey from Janes.

Q: I'm sorry, yeah. Cut -- you cut out for a second -- didn't hear you. Thanks for doing this. I'd like to go back to one of the things you were saying about making sure you keep up with production, maintenance, that kind of things. I'm just curious that if right now, there were anything in terms of production, any kind of slow-downs that you're seeing, any kind of milestones that may be missed, and -- or any kind of commissions that may be put off and things like that, or even with the task force study, if that's going to be delayed to resolve this.

SEC. MODLY: Yeah, I can take some of this, and I can ask CNO to answer more. There are a couple of commissionings that were scheduled that were coming up that we've decided to postpone. The situation with those is we'll probably commission those ships on paper, and then do a ceremony at some later time, when the virus is under control and we understand what we're dealing with better.

As far as production capacity, to date, we haven't seen any sort of perturbations in that right now, but we are anticipating that there will be, and we're looking at what that might -- what that might cost with respect to helping the shipyards maintain their viability if they have to slow down and miss certain production milestones.

ADM. GILDAY: And if I could just give you a quick vignette on just how committed industry is. So right now, the Gerald R. Ford, our 11th carrier, is out at sea and she just certified her flight deck, so she's ready for operations now. She's done her thousandth recovery and thousandth takeoff off the deck of that carrier. And we actually have a couple hundred shipyard workers out there on her at sea right now that are working on many of her systems to continue to keep her at pace and on schedule to make a deployment. And so we're very proud of the fact that they're out there at sea with us and that they're so committed to the Navy.

STAFF: Alright. I'll take one more question here. I know Megan you had a follow up.

Q: Yes, thank you. Admiral, I just wanted to clarify. With Theodore Roosevelt you mentioned that you weren't sure that the COVID cases necessarily came from the port visit.

So with helicopters coming and going with supplies coming and going, I wondered if there's any changes in procedure or any other types of lessons learned that you could apply to, you know, Truman or any of the other carriers.

ADM. GILDAY: That's a really good question. So in each of these cases, right, whenever we have a positive on any ship within any unit; we're taking a look at -- we're doing the forensics on each one of those cases to try and understand what kind of best practices or the dos and the don'ts that we can -- we can quickly promulgate fleet wide. So I don't have a better answer for you than to say that we're on it.

Q: OK. But no specifics changes yet.

ADM. GILDAY: No specifics yet.

STAFF: Thank you ladies and gentlemen, very much for your time today and we appreciate it very much.

Q: Thanks for doing this.

Q: Thank you.

-END-